

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**MEMBER DATA CHANGE REQUEST**

**THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph).**

PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

**PART I - TO BE FILLED OUT BY MEMBER**

**A. PERSONAL DATA**

SS NUMBER <b>3480093970</b>	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY) <b>05291997</b>	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) <b>AMAHAN</b>	(FIRST NAME) <b>ELIZABETH</b>	(MIDDLE NAME) <b>PEDRIGOSA</b>	(SUFFIX)
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <b>DUHISAN</b>		(HOUSE/LOT & BLK NO.)	(STREET NAME)
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY) <b>DUHISAN</b>	(CITY/MUNICIPALITY) <b>CEBU CITY</b>	(PROVINCE) <b>CEBU</b>
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER <b>09321087171</b>	E-MAIL ADDRESS <b>pedrigosaelizabeth@gmail.com</b>	ZIP CODE <b>6000</b>
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE

**B. DATA CHANGE/CORRECTION/UPDATING**

**A. CHANGE OF MEMBERSHIP TYPE**

FROM

Employed

Voluntary

Overseas Filipino Worker

Non-Working Spouse (NWS)

Prior Registrant  
*(A person who registered with the SSS for the first time as a prospective employee.)*

TO

Self-Employed *(Please fill-out the details below.)*

Profession/Business \_\_\_\_\_

Year Profession/Business Started \_\_\_\_\_

Monthly Earnings (P) \_\_\_\_\_

TO (Option for Prior Registrant Only)

Non-Working Spouse *(Please fill-out the details below.)*

SS No./CRN of Working Spouse \_\_\_\_\_

Monthly Income of Working Spouse (P) \_\_\_\_\_

I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

**B. CORRECTION OF NAME**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_  
*(or change of middle initial to middle name)*

Prefix (e.g., "de", "del", "delos", "del", "Ma" or "Maria") or Suffix (e.g., Jr., II or III) \_\_\_\_\_

Simple Error in Spelling of Name (e.g., "i" to "e" or "u" to "o" or vice versa; inclusion/deletion of space and special characters) \_\_\_\_\_

Due to Re-marriage \_\_\_\_\_

**C. CORRECTION OF DATE OF BIRTH** \_\_\_\_\_

**D. CORRECTION OF SEX** \_\_\_\_\_

**E. CHANGE OF CIVIL STATUS**

*(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)*

Single to Married \_\_\_\_\_

Married to Legally Separated \_\_\_\_\_

Married to Widowed \_\_\_\_\_

Reversion from Married to Single \_\_\_\_\_

**F. UPDATING OF CONTACT INFORMATION**

Address  Telephone Number  E-mail Address  Mobile/Cellphone Number

**G. UPDATING OF BANK INFORMATION**

	Bank Name	Bank Branch	Account Number
<input type="checkbox"/> Benefits (Sickness/ Maternity/Partial Disability)	_____	_____	_____
<input type="checkbox"/> Loans	_____	_____	_____
<input type="checkbox"/> PESO Fund	_____	_____	_____

**H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents**

**I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" portion.)**

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
1. TANGARD	DARRELL	THADDEUS	AMAHAN	SON	09072020	<input checked="" type="checkbox"/> New/Additional Deletion
2.						<input type="checkbox"/> New/Additional Deletion